

FORM PTO-447A
(Rev. 9-00)

Staple to face of Application

U.S. DEPARTMENT OF COMMERCE
PATENT & TRADEMARK OFFICE

APPLICATION TRANSFER REQUEST FOR S.N. 09/885,617

Section I. TRANSFER REQUEST BY (PRINT NAME) R. Ellis Date August 8, 2001

TO: Art Unit 2621 Class/sub 382/128 From: A.U. 2183 Class 712

REASON:

Analysis of medical images.

Gatekeeper concurrence R&J for JS Hand carried: Personally accepted by _____

Section II. DISPOSITION BY RECEIVING TC A.U._____ Date _____

ACCEPTED BY RECEIVING T.C.

NOT ACCEPTED Forward to Post Classifier
 Return to Originating Technology Center /AU _____

REASON:

DISPOSITION BY RECEIVING TC POST CLASSIFIER

This dispute was resolved. Forward to Class/Sub _____ TC/AU _____ Post Classifier _____ Date _____

Concurring _____ Date _____

This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL
Post Classifier Assessment:

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL Date _____

Panel Decision: Forward to Technology Center / Art Unit _____ Class/sub _____

REASON:

Panel Member _____ Concurred Panel Member _____

This application MAY be returned to the dispute resolution panel if reconsideration is desired (use form 447R).

This application MAY NOT be returned to the dispute resolution panel. THIS IS A FINAL DISPOSITION.

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/885,617

DATE: <u>8/8/2001</u>	FROM: <u>Ellis, R</u> (print name)
REASON(S):	
FORWARD TO:	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: <u>2109</u>	B. See Title <input type="checkbox"/> (check box)
B. Class: _____	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: _____	D. See Claim(s): <u>TT</u> <input type="checkbox"/> (check box)

FURTHER EXPLANATION IF NEEDED:

Medical Device

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO:	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: _____	B. See Title <input type="checkbox"/> (check box)
B. Class: _____	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: _____	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO CLASSIFIER 	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
FORWARD TO:	A. You had Parent <input type="checkbox"/> (check box)
A. Art Unit: _____	B. See Title <input type="checkbox"/> (check box)
B. Class: _____	C. See Abstract <input type="checkbox"/> (check box)
C Subclass: _____	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: